TRAVEL EXPENSE CLAIM

		ENSE CLAIIV	1				nd Privac	·						
STD. 2624	REV. 10/92)				Stateme		erse Side			DEBARTME	Page	; 1	of	1
						SSAN OR EMPLOYEE NUMBER DEPARTM						2000000		
Michael B. Picker POSITION CB/ID NUMBER						Governor's Office/PUC Exec								
 Senior Advisor to the Governor for Renewable I					rav							I TOLK NOME	JEK	
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
L.						Office of the Governor State Capitol								
STATE ZIP						CITY STATE					ZIP			
						Sacramento, CA 95814								
MEALS						TRANSPORTA				RANSPORTAT	ION			Г
MONTH/YEAR LOCATIO		LOCATION	LODGING				INCIDENTALS			CARFARE,			BUSINESS	TOTAL
		WHERE EXPENSES						COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENSES
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
3-Nov	11:50 AM	Kinko's at 1260 J St	reet				65.25					0.00		
3 1101	11.5012.0	TEMPO DU 1200 D SC	T				05.25				 	0.00		65.25
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		Manager 1971										0.00		0.00
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****		10000										0.00		0.00
						+								
			<u> </u>			.,						0.00		0.00
										100		0.00		0.00
												0.00		0.00
SUBTOTALS 0.00			0.00	0.00	0.00	65.25	0.00	0.00	0.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)			W 150 A		****									
	CL AIM	TOTAL											0/5	25
PURROS	CLAIM		DETAIL	/Au 1									\$65	.25
PURPOS	SE OF TRI	P, REMARKS AND	DETAILS	(Attach re	ceipts wi	nen requir	ed)				NORMAL V	WORK HOU	IRS	
•		6 6												
		map for frequent		ion to ke	y policy	decision	makers sh	nowing r	enewable	;	PRIVATE \	/EHICLE LI	CENSE NU	IMBER
resource	es in Sout	hern California d	esert											
											MILEAGE F	RATE CLAIN	MED	
	······································										0.445			
											AGENC	Y ACCOL	JNTING O	FFICE
I HEREBY (CERTIFY, Tha	it the above is a true state	ement of the t	ravel expense	s incurred b	y me in accor	dance with Di	PA rules in th	ne service of t	he State of		USE	DNLY	
California.	lf a privately o	wned vehicle was used a	nd if mileage	exceeds the r	ninimum rate	e, I certify the	cost of the op	erating the v	vehicle was ed	qual to or	PAID BY	REVOLVING FI	UND CHECK N	UMBER
greater than	the rate clain	ned, and that I have met t	he requireme	nts as prescri	bed by SAM	Sections 075	50, 0751,0752	, 0753 and 0	754	- 1	in	100	211	
pertaining to	vehicle safet	y and seat belt usage.						-			00	108	541	
CLAIMANT'S	SIGNATURE			ı	DATE		SIGNATURE C	F OFFICER A	\PF	AVEL AND F	PAYMENT	ļ.	DATE /	/
• .				320	1/4/1	יייינעער							1/0	
	OF TITLE -	UTUODITY FOR THE	FVDF		, !	111111111	(T .)			_			111	10)
SIGNATURE	OF THE OF A	AUTHORITY FOR SPECIAL	EAPENSES										DATE	1
														J